



Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 ■ (231) 242-1521



Instructions for completing a Relinquishment for a Minor or Person Deemed Incompetent.

1. Must be completed on a Form generated by the LTBB Enrollment Department.
2. The citizenship of any citizen who has been determined to be incompetent, or who is a minor, may be relinquished by his/her parent, guardian, custodian or legal representative.
3. Must enclose proof of guardianship, custodianship or proof of legal representation.
4. The relinquishment form must be notarized.
5. The Enrollment Department will notify you if the relinquishment form is incomplete.
6. The relinquishment will become final upon Tribal Court decision
7. If you have any questions, please feel free to contact the Enrollment Office (231) 242-1520 or (231) 242-1521.



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Relinquishment for Minor / or Person Deemed Incompetent

Do Not Fax This Form

I _____ am requesting to submit a Relinquish for: (See Below)
Parent/Guardian/Custodian or Legal Representation

Information of Minor or Person Deemed Incompetent

First/Middle/Last

Date of Birth

Enrollment Number

Date of Enrollment

This relinquishment shall be submitted to the Little Traverse Bay Bands of Odawa Indians Tribal Court for Judicial review.

This relinquishment shall become effective upon approval of the LTBB Tribal Court based on a finding that the relinquishment is in the best interest of the child or persons deemed incompetent.

I am completing this relinquishment freely and voluntarily with full understanding that the LTBB Tribal Court is the determining factor to accept this relinquishment.

Name

Date

NOTARY PUBLIC

I _____, a Notary Public for the State of _____,
County of _____, Do hereby certify that _____ has provided
proper identification that clearly identified the person who executed the foregoing instrument as the
above name individual whom signed this form.
Subscribed and sworn to me this ____ day of _____, 20__.

Stamp &
Seal

Notary Public Signature

My Commission Expires on _____

LTBB Enrollment Staff:

White Copy: LTBB Tribal Court

Yellow Copy: LTBB Enrollment File